

HOUSE COMMERCE
COMMITTEE AMENDMENT

AMENDMENT NO. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 989

House Bill No. 413*

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. This act shall be known and may be cited as the "Genetic Information Nondiscrimination in Health Insurance Act of 1997".

SECTION 2.

(a) An insurance provider may not deny or cancel health insurance coverage, or vary the premiums, terms, or conditions for health insurance coverage, for an individual or a family member of an individual:

(1) Solely on the basis of genetic information; or

(2) Solely on the basis that the individual or family member of an individual has requested or received genetic services.

(b)(1) An insurance provider may not request or require an individual to whom the provider provides health insurance coverage, or an individual who desires the provider to provide health insurance coverage, to disclose to the provider genetic information about the individual or family member of the individual.

(2) An insurance provider may not disclose genetic information about an individual without the prior written authorization of the individual or legal representative of the individual. Such authorization is required for each disclosure and shall include an identification of the person to whom the disclosure would be made.

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(c) The commissioner may promulgate such regulations as may be necessary or appropriate to carry out this section in accordance with Tennessee Code Annotated, Title 4, Chapter 5.

(d) For the purposes of this act unless the context requires otherwise:

(1) "Commissioner" means the commissioner of commerce and insurance.

(2) "Family member" means with respect to an individual, another individual related by blood to that individual.

(3) "Genetic information" means information derived from genetic testing to determine the presence or absence of variations or mutations, including carrier status, in an individual's genetic material or genes that are scientifically or medically believed to cause a disease, disorder or syndrome, or are associated with a statistically increased risk of developing a disease, disorder or syndrome, which is asymptomatic at the time of testing. Such testing does not include either routine physical examinations or chemical, blood or urine analysis unless conducted purposefully to obtain genetic information or questions regarding family history.

(4) "Genetic services" means health services to obtain, assess, and interpret genetic information for diagnostic and therapeutic purposes, and for genetic education and counseling.

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(5) "Health insurance coverage" means a contractual arrangement for the provision of a payment for health care, including:

(A) A group health plan; and

(B) Any other health insurance arrangement, including any arrangement consisting of a hospital or medical expense incurred policy or certificate, hospital or medical service plan contract, or health maintenance organization subscriber contract.

(6) "Insurance provider" means an insurer or other entity providing health insurance coverage.

(7) "Person" includes corporations, companies, associations, firms, partnerships, societies, and joint stock companies, as well as individuals.

(e) This act does not apply to the underwriting, denial of claims or issuance of a life insurance policy, disability income policy, long-term care policy, accident only policy, hospital indemnity or fixed indemnity policy, dental policy or vision policy or any other actions of an insurer directly related to a life insurance policy, disability income policy, long-term care policy, accident only policy, hospital indemnity or fixed indemnity policy, dental policy or vision policy.

(f) Nothing in this act shall preclude a health insurer from obtaining a routine physical examination or chemical, blood or urine analysis, or from asking questions related to the health of an applicant or the applicant's family.

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(g) Nothing contained herein shall require an insurance provider to provide coverage of genetic services, unless the coverage of genetic services is already included within the scope of benefits of the provider's health insurance coverage.

SECTION 3. This act shall take effect July 1, 1997, and shall apply to health insurance coverage offered or renewed on or after July 1, 1997.

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